



Phone: 314-690-7100 Fax: 314-690-8088

### New Client Referral Form

Please complete as much as possible and Fax to Veterans Home Care ® at the above number.

Agency: Modern Senior Service Branch/Location: Mori Date:
Referring Person: ai Morillo Phone:
Email: modernseniorservice@gmail.com

#### PROSPECTIVE CLIENT INFORMATION

Applicant Name: Phone #1:
Address: Phone #2:
City: State: Zip Code: County:
Date of Birth: (Required Field)
Applicant is a VETERAN: Applicant is the SURVIVING SPOUSE of a Veteran:
WAR PERIOD SERVED: WWII KOREAN VIETNAM OTHER
If the veteran did not serve during wartime, the applicant will not qualify for the "Aid and Attendance" pension.
If applicant is a SURVIVING SPOUSE: Was applicant divorced from veteran at time of veteran's death? Yes No
Is applicant driving? Yes No
Needs help with: (Check all that apply) Bathing Dressing/Toileting/Continence Walking Meal Preparation
Notes:
Currently receiving a VA pension or VA compensation? Yes No

#### If the applicant is currently or was married: SPOUSE INFORMATION

Spouse/Veteran Name: Date of Birth:
Wife's Maiden Name: Date of Marriage:
Total Marriage(s) VETERAN #: SPOUSE #:

#### CONTACT INFORMATION

Additional Contact Name: Relationship:
Email: Phone #1:
Address: Phone #2:
City/State: Zip Code:
Primary correspondence should be with: Applicant Spouse Additional Contact:

Please see reverse side for more information.



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### Information Regarding Referrals to Veterans Home Care ®

The “Aid and Attendance” pension is a benefit for non-service related disabilities, available to veterans or their surviving spouses who qualify. In order to qualify for the pension:

- The veteran must have served at least 90 days active duty in the military, with at least one day during wartime.
- The applicant must be at least 60% housebound (no longer driving), which will require certification by a licensed physician.
- The applicant must meet certain income and asset limits.

Applicants will need the following documentation to begin the application process:

- Discharge papers (DD214)
- Death Certificate with cause of death (if client is a surviving spouse)
- Marriage Certificate or other proof of marriage, including date (if client is a married veteran or surviving spouse)

Please inform the prospective client that Veterans Home Care will need to ask personal questions regarding income and assets in order to prepare the application to the VA. Answers to all questions, including those that are financially related, will be kept confidential and will only be used to complete the application.

If the prospective client is unable or unwilling to answer income or asset-related questions, Veterans Home Care cannot assist him/her in applying for the “Aid and Attendance” VA pension.

#### Applicant Zip Code Needed

Please indicate the Applicant’s Zip Code. Forms without this information will take longer to process.

The unique VetAssist ® Program is an exclusive offering of the Veterans Home Care® family of companies. Veterans Home Care® and the VetAssist® Program are not part of any government agency and are not affiliated with the Department of Veterans Affairs.